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EILEEN M. SULLIVAN
Acting Commissioner

January 22, 2015

by First Class and Certified Mail
No. 7014 0510 0001 0374 6977

Joseph Gregory, Esq.
Law Office of Joseph Gregory
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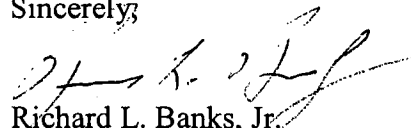
Re: In the Matter of Keith Dezan, RN License No. 233323
Board of Registration in Nursing, Docket No. NUR-2011-0025

Dear Attorney Gregory:

Thank you for recently returning a copy of the Consent Agreement for Surrender signed by your client –Keith Dezan. The Board of Registration in Nursing has now signed the Consent Agreement for Surrender with respect to Mr. Dezan's license to practice as a Registered Nurse. A copy of the executed Consent Agreement for Surrender (the "Agreement") is enclosed for your records and for presentation to your client. Please ensure that your client notes that the effective date of the Agreement is January 20, 2015, as is stated on the signature page of the Agreement.

Thank you for your cooperation in resolving this matter.

Sincerely,


Richard L. Banks, Jr.
Prosecuting Counsel
Department of Public Health
Office of the General Counsel
(617) 973-0835

Encl: Consent Agreement
cc: file

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN NURSING

In the Matter of
Keith W. Dezan
RN License No. 233323
Expires 1/1/14

Docket No. NUR-2011-0025

CONSENT AGREEMENT FOR VOLUNTARY SURRENDER

The Massachusetts Board of Registration in Nursing (Board) and Keith W. Dezan (Licensee), a Registered Nurse (RN) licensed by the Board, License No. RN233323, do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that a complaint has been filed with the Board against his Massachusetts Registered Nurse license (license¹) related to the conduct set forth in paragraph 2, identified as Docket No. NUR-2011-0025 (the Complaint).
2. The Licensee admits that while employed as a Registered Nurse at Brigham and Women's Hospital in Boston, MA, during the months of June and July 2010, he failed to adhere to accepted standards of nursing practice for handling narcotic controlled substances and documenting the same. Specifically, the Licensee admits that, on numerous occasions, he removed intravenous solutions and syringes of the controlled substances Fentanyl and Hydromorphone from secure storage:
 - a. without documenting any associated administration or waste;
 - b. at a time earlier than the patient required per the prescriber's order;
 - c. in quantities that exceeded the doses set by the prescriber's order;
 - d. prior to the start of his shift;
 - e. at a time when removal of a separate syringe was not required because the patient's medication could have been administered via a bolus dose of a infusion that was already running; and/or
 - f. inconsistently double-documenting (documenting that he *both* administered *and* wasted one specific quantity of medication).

The Licensee acknowledges that his conduct constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03(5), (35), (38), (39), (44) and (47) and warrants disciplinary action by the

¹ The term "license" applies to both a current license and the right to renew an expired license.

Dezan, Keith
RN233323
NUR-2011-0025



I do hereby certify the foregoing to be a true and
certified copy of the document on file with the
Massachusetts Board of Registration in Nursing.

AMM

2/4/15

Authorized Signature

Date

Board under Massachusetts General Laws (G.L.) Chapter 112, section 61 and Board regulations at 244 CMR 7.04, Disciplinary Actions.

3. The Licensee hereby acknowledges that he has been offered an opportunity to be evaluated for admission into the Board's Substance Abuse Rehabilitation Program (SARP) as an alternative to entering into this Agreement and further acknowledges that he has declined the opportunity.
4. The Licensee agrees to **SURRENDER** his nursing license for an indefinite period, commencing with the date on which the Board signs this Agreement (Effective Date).
5. After the Effective Date of this Agreement and when the Licensee can complete to the satisfaction of the Board all of the requirements set forth in this Paragraph the Licensee may petition the Board for reinstatement of his license. The petition must be in writing and must include the following documentation of the Licensee's ability to practice nursing in a safe and competent manner, all to the Board's satisfaction:
 - a. Evidence of completion of all continuing education required by Board regulations for the two (2) renewal cycles immediately preceding the date on which the Licensee submits his petition ("petition date");
 - b. A performance evaluation sent directly to the Board from each of the Licensee's employers, prepared on official letterhead that reviews the Licensee's attendance, general reliability, and specific job performance during the year immediately prior to the petition date².
 - c. Written verification sent directly to the Board from each of the Licensee's medical care providers, which meets the requirements set forth in Attachment B 1;
 - d. Authorization for the Board to obtain a Criminal Offender Record Information (CORI) report of the Licensee conducted by the Massachusetts Criminal History Systems Board.
 - e. Documentation that the Licensee has completed, at least one (1) year prior to the petition date, all requirements imposed upon him in connection with all criminal and/or administrative matter(s) arising from, or related to, the

² If the Licensee has not been employed during the year immediately prior to the petition date, he shall submit an affidavit to the Board so attesting.

Dezan, Keith

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conduct identified in Paragraph 2³. Such documentation shall be certified and sent directly to the Board by the appropriate court or administrative body and shall include a description of the requirements and the disposition of each matter.

- f. Certified documentation from the state board of nursing of each jurisdiction in which the Licensee has ever been licensed to practice as a nurse, sent directly to the Massachusetts Board identifying his license status and discipline history, and verifying that his nursing license is, or is eligible to be, in good standing and free of any restrictions or conditions.
- g. Submit documentation that he has successfully completed the following continuing education⁴ after the Effective Date,
 - i. Six (6) contact hours on the topic: Medication Administration and Documentation in Nursing
 - ii. Three (3) contact hours on the topic: Legal and Ethical Aspects of Nursing;
 - iii. Three (3) contact hours on the topic: Pain Management in Nursing; and
 - iv. Three (3) contact hours on the topic: Critical Thinking and Judgement in Nursing Practice.
- 6. In addition to the items identified in Paragraph 5, the Licensee shall submit *either* a substance abuse (addictionologists) evaluation, prepared within thirty (30) days of the petition date and sent directly to the Board, which meets the requirements set forth in Attachment B 3, and verifies that the Licensee does not have and has never had any type of substance abuse, dependency or addiction problem, *or* the following documentation of the Licensee's stable and fully sustained recovery from substance abuse, dependency and/or addiction for three (3) years immediately prior to the petition date, all to the Board's satisfaction:
 - a. The results of random supervised urine tests for substances of abuse sent directly to the Board and collected from the Licensee according to the conditions and procedures outlined in Attachment A, no less than fifteen (15).

³ If there have been no criminal or administrative matters against the Licensee arising from or in any way related to the conduct identified in Paragraph 2, the Licensee shall submit an affidavit so attesting.

⁴ These continuing education courses must be *in addition to* any contact hours required for license renewal. They may be taken as home study or as correspondence course, *provided that* they meet the requirements of Board Regulations at 244 CMR 5.00, Continuing Education.

times per year during the two (2) years immediately preceding the petition date. All such results are required to be negative.

- b. Documentation that the Licensee has obtained a sponsor and has regularly attended Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA) meetings at least three (3) times per week during the the two (2) years immediately preceding the petition date. This documentation must include a letter of support from the Licensee's sponsor and signatures verifying the required attendance.
 - c. Documentation prepared within thirty (30) days of the petition date and sent directly to the Board from a licensed mental health provider verifying that the Licensee has regularly attended group or individual counseling or therapy, or both, conducted by the mental health provider. Such documentation shall specify the frequency and length of the therapy and/or counseling and shall include a summary of the Licensee's progress in therapy and specific treatment recommendations for the Licensee's sustained recovery from substance abuse, dependency and addiction.
- 7. The Board may choose to reinstate the Licensee's license if the Board determines that reinstatement is in the best interests of the public at large. Any reinstatement of the Licensee's license may be conditioned upon the Licensee entering into a consent agreement for the PROBATION of his license for at least one (1) year, and including requirements, that the Board determines at the time of relicensure to be reasonably necessary in the best interests of the public health, safety and welfare.
 - 8. The Licensee agrees that he will not practice as a Registered Nurse Nurse in Massachusetts from the Effective Date unless and until the Board reinstates his license⁵.
 - 9. The Board agrees that in return for the Licensee's execution of this Agreement it will not prosecute the complaint.
 - 10. The Licensee understands that he has a right to formal adjudicatory hearing concerning the allegations against him and that during said adjudication he would possess the right to confront and cross-examine witnesses, to call witnesses, to

⁵ The Licensee understands that practice as a Registered Nurse includes, but is not limited to, seeking and/or accepting a paid or voluntary position as a Registered Nurse, or a paid or voluntary position requiring that the applicant hold a current Registered Nurse license. The Licensee further understands that if he accepts a voluntary or paid position as a Registered Nurse, or engages in any practice of nursing after the Effective Date and before the Board formally reinstates her license, evidence of such practice shall be grounds for the Board's referral of any such unlicensed practice to the appropriate law enforcement authorities for prosecution, as set forth in G. L. c. 112, ss. 65 and 80.

present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement he is knowingly and voluntarily waiving his right to a formal adjudication of the complaints.

11. The Licensee acknowledges that he has been at all times free to seek and use legal counsel in connection with the complaint and this Agreement.
12. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
13. The Licensee certifies that he has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review.

[Signature] 1/20/15
Witness (sign and date)

[Signature] 1/20/15
Keith W. Dezan
Licensee (sign and date)

Tabby Kinyanjui, RN
Witness (print name)

[Signature]
Rula Harb, MSN, RN
Executive Director
Board of Registration in Nursing
January 20, 2015
Effective Date of Surrender Agreement

Fully Signed Agreement Sent to Licensee on January 22, 2015 by Certified
Mail No. 7014 0510 0001 0374 6977

Dezan, Keith
RN233323
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MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

ATTACHMENT A

Guidelines for Nurses' Participation in Random Urine Drug Screens for Evaluation by the Massachusetts Board of Registration in Nursing (Board)

- I. Nurses who are required by a Board Agreement or Order to have random, supervised urine drug screens are expected to remain abstinent from all substances of abuse, including alcohol. It is a nurse's responsibility not to ingest any substance(s) that may produce a positive drug screen, including over-the-counter medications. Unless otherwise stated in a nurse's Board Agreement or Order, all nurses shall be randomly tested a minimum of fifteen (15) times per year.
- II. The Board designates one Drug Testing Management Company (DTMC).¹ The Board will accept only the results of urine drug screens that are performed under the auspices of the DTMC and reported directly to the Board.
- III. All costs related to a nurse's participation in the DTMC urine drug screening program are the responsibility of the participating nurse.
- IV. A nurse is expected to sign an agreement with the DTMC and to comply with all of the conditions and requirements of the agreement with the DTMC and any related policies, including without limitation, any requirements related to supervision of urine collection and/or temperature checks.
- V. No vacations from calling to test or from testing shall be approved. This does not mean that a nurse cannot take a vacation while participating in random urine screens; arrangements can be made thorough the DTMC to have urine screens done at approved laboratories throughout the continental U.S.
- VI. Failure to call the DTMC or failure to test when selected shall be considered non-compliance with the nurse's Board agreement or Order. Calls to the DTMC must be made between the hours of 5:00 a.m. and 1:00 p.m.
- VII. Failure to test when selected, and/or a positive drug screen that is confirmed by the Medical Review Officer (MRO) and that is not supported by appropriate documentation of medical necessity and a valid prescription shall be considered as a relapse in the nurse's abstinence. All prescriptions for any medication (including renewal prescriptions) must be submitted to the DTMC within five (5) days.
- VIII. Urine drug screen reports that show a low creatinine (<20 mg/dl) may be an indication of an adulterated or diluted specimen; further testing may be required.

¹ The current DTMC is First Lab. To contact First Lab call (800) 732-3784.

MASSACHUSETTS BOARD OF REGISTRATION IN NURSING

- IX. Nurses who do not have a current MA nursing license and who are enrolled in urine drug screening with the DTMC for the purpose of documenting to the Board that they are in stable and sustained recovery from substance abuse, must provide written authorization to the DTMC to release to the Board a complete record of their participation in the drug screening program, including documentation of missed calls, no shows, test results and a full history report at the completion of their DTMC participation. During their DTMC participation, nurses who do not have a current MA nursing license for whatever reason (surrender, suspension, lapse, revocation) are expected to designate a monitor of their choosing (e.g. friend, family member, health care provider, AA sponsor) who will be authorized to receive test results from the DTMC. The Board does not monitor the testing of unlicensed individuals and will evaluate a nurse's participation in the DTMC only when the DTMC testing is completed and the nurse applies for license reinstatement. Unlicensed nurses should identify themselves as such to the DTMC and sign an individual agreement with the DTMC.
- X. Random supervised urine tests are done in panels which shall include, but are not limited to, each of the following substances:
- Ethanol and all ethanol products
 - Amphetamines
 - Barbiturates
 - Benzodiazepines
 - Buprenorphine
 - Cannabinoids
 - Cocaine (metabolite)
 - Opiates:
 - Codeine
 - Morphine
 - Hydromorphone
 - Hydrocodone
 - Oxycodone
 - Phencyclidine
 - Methadone
 - Propoxyphene
 - Meperidine
 - Tramadol
 - Suboxone

ATTACHMENT B 1

Minimum requirements for medical evaluations to be submitted to the Board

Medical evaluation

A medical evaluation of the Licensee conducted by a licensed, board certified physician written on the physician's letterhead, sent directly to the Board by the physician and completed within thirty (30) days before submission of the petition for reinstatement or other submission to the Board. The evaluation shall state that the physician has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the physician's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic medical and mental health records (for at least the preceding two years);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating primary care physicians or advanced practice nurses and any mental health providers;
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating physician then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;
- d. In-Person Interview(s). Medical (and mental health if pertinent) history obtained by the physician through in-person interviews with the Licensee, which are as extensive as needed for the physician to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's medical (and mental health if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Description(s) of Current Conditions. Detailed descriptions of the Licensee's existing medical conditions with the corresponding status, treatments and prognosis including, but not limited to, each condition, if any, which gave rise to the conduct which is the subject of the Board's interest;

- g. Any Existing Limitations. A detailed description of any and all corresponding existing or continuing limitations of any kind;
- h. Ongoing Treatment Plan. Recommendations for the Licensee's on-going treatment and specific treatment plan, if any;
- i. Evaluating Physician's Opinion as to Safety and Competence. The physician's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- j. Physician's C.V. A copy of the physician's curriculum vitae should be attached.

ATTACHMENT B 3

Minimum requirements for substance abuse evaluations to be submitted to the Board

Substance Abuse (addiction psychiatrist) evaluation

A comprehensive, clinically based, written evaluation of the Licensee by a licensed, board certified psychiatrist who is certified by the American Board of Psychiatry and Neurology in the subspecialty of Addiction Psychiatry (Addiction Provider). The evaluation shall be written on said provider's letterhead stationary, sent directly to the Board and completed immediately before Licensee petitions the Board for reinstatement or other submission to the Board. The evaluation shall state that the psychiatrist has reviewed this document and any Board Consent Agreement, Order, and/or other relevant documents, and that he or she has reviewed the specific details of the Licensee's underlying conduct alleged or otherwise described.

The evaluation shall provide a detailed, clinically based assessment of the Licensee and shall be completed in accordance with all accepted standards for such an evaluation. The purpose of the evaluation is to provide the Board with the provider's analysis of the following materials and his or her opinion as to whether the Licensee is able to practice nursing in a safe and competent manner.

Depending on what information the Board requires of this Licensee at the time of the evaluation (which it is the Licensee's responsibility to understand and submit to the Addiction Provider), the evaluation shall verify that the Licensee has been in stable and full, sustained recovery from all substance abuse, dependency and addiction for the three (3) (or more) years immediately preceding any request for reinstatement or other submission to the Board and that the Licensee is able to practice nursing in a safe and competent manner or has never had and does not now have a substance abuse problem. To be most useful to the Board, the evaluation should include, but not be limited to, the following:

- a. Record Review. A review of the Licensee's written or electronic mental health records (for at least the preceding two years) (and medical records from the same time frame if pertinent);
- b. Conversation(s) with Provider(s). Follow up conversations with any currently or recently treating mental health providers (and primary care physicians or advanced practice nurses as relevant);
- c. Review of Prescriptions. A list of all of the Licensee's prescribed medications with the medical necessity for each prescription; if there are or may be other prescribers than the evaluating provider, then the evaluation should include a review of all of the Licensee's pharmacy records for the preceding two years;

- d. In -Person Interview(s). Mental health (and medical if pertinent) history obtained by the provider through in-person interviews with the Licensee, which are as extensive as needed for the provider to reach a clinical judgment;
- e. Detailed Statement of History. A detailed statement of the Licensee's mental health (and medical if pertinent) history including diagnoses, treatments and prognoses;
- f. Detailed Summary of History of Substance Abuse and Treatment. A detailed summary of Licensee's history of substance abuse, dependency and addiction problem(s) including all corresponding treatment received and the Licensee's current recovery program;
- g. Assessment of Sustained Recovery. An assessment of the Licensee's sustained recovery and remission from all substance abuse, dependency and addiction for the three (3) year period immediately preceding submission of any petition for reinstatement by the Licensee including a detailed description of all relapses during this time period;
- h. Prognosis and Ongoing Treatment Plan. The Provider's prognosis and specific treatment recommendations for the Licensee's stable and full, sustained recovery from all substance abuse, dependence and addiction;
- i. Evaluating Physician's Opinion as to Safety and Competence. The provider's opinion as to whether the Licensee is presently able to practice nursing in a safe and competent manner (in light of all of the above); and
- j. Physician's C.V. A copy of the provider's curriculum vitae should be attached.